

**DEPARTMENT FOR PUBLIC HEALTH  
REQUEST FOR APPROVAL**

1. Type of Document: Grant

2. Justification KDPH's application for CDC Strengthening Public Health Infrastructure for Improved Health Outcomes - see attached Executive Summary for more detail.

*KY 201008061377*

3. Source of Funds

Agency  
Funds

General  
Funds

Federal  
Funds

Other Funding (Explain)

4. Submitted by: Tricia Okeson 8/5/10  
(Date)

Document pick-up: Tricia Okeson Ext. 4586

Branch Approval:  
(Date)

5. Division Approval:  
(Date)

Division contact for  
corrections / questions: Ext.

6. Budget Review - If applicable to request. (Required for all Contracts and Modifications)

State Budget

8/5/10 Jack Thippes  
(Date)

LHD Budget\*

(\*LHD Contract or MOD Only)

(Date)

7. **Contract or Modification Only: Submit to Contracts and Payments Branch**

- Steps 1-5 must be complete; submit only original signatures
- Program staff may wish to scan or copy documentation before submitting
- Requests will be logged into tracking tool
- Contracts and Payments staff will submit to Commissioner's Office for approval.

8. Commissioner's Office  
Department Approval:

8/5/10 [Signature]  
(Date)

**Executive Summary of Cabinet for Health and Family Services' Grant Application**

**Cabinet for Health and Family Services, Department/Division as the Applicant:**

Department for Public Health, Commissioner's Office

**Project Contact:** (project manager/branch manager)

Tricia Okeson  
564-3970 ext. 4586

**Title of Grant:** (description)

Strengthening Public Health Infrastructure for Improved Health Outcomes  
Component II -- Enhanced Funding for Public Health Transformation

**Federal Agency/Department Awarding Funding under the Grant:**

CENTERS FOR DISEASE CONTROL AND PREVENTION

**Federal Identifier Grant No:**

Funding Opportunity Number -- CDC-RFA-CD10-1011

**Catalog of Federal Domestic Assistance:**

93.507

**Type of Grant Application:**

Component II -- new, competitive  
\$1,636,343 per year for 5 years

**\*\* NO MATCHING FUNDS REQUIRED\*\***

**Purpose of Grant:** (outline of grant activities allowable/required to be addressed in the application):

Component II -- builds on Component I (Performance Management). Applicants must choose to address two of four categories. KDPH chose to address Performance Management (enhancing proposed activities in component I) and Public Health System Development/Redevelopment. Cross-jurisdictional relationships are stressed in the guidance and KDPH proposed to meet this requirement by working with our local health department and through a collaborative with Tennessee Department for Health.



Beth Jurek, Policy Advisor

DPH Budget Analyst

## **Executive Summary of Cabinet for Health and Family Services' Grant Application**

**\*\* We are tweaking the budget and these amounts may change slightly\*\***

### **Amount of the Application Funds:**

Federal Funds	\$ 1,636,343	
Applicant Funds		
State Funds	0	** NO MATCHING FUNDS REQUIRED**
Local Funds	0	
Other	0	
Program Income	0	
<b>TOTAL FUNDS:</b>	<b>\$ 1,636,343</b>	

### **Budget Details (Federal Share):**

Personnel	\$51,360
Fringe	22,085
Travel	15,612
Equipment	3,000
Supplies/Misc.	15,500
Contracts	1,518,000
Other	
Total Direct	1,625,557
Total Indirect	10,786
Direct Assistance	0
<b>TOTAL FUNDS:</b>	<b>\$1,636,343</b>

**Last Status Report/Summary Included:** (since the last award)

NA

**Narrative Summary (summary document submitted with the grant):** (detailed here)

For Component II, KDPH proposes overhaul out-dated systems in order to develop data systems that will drive an overall performance management system at the state and local levels. Systems to be developed in year one include a KDPH/LHD data management system (including the financial management system) and a radiation laboratory information system.

KDPH is estimating \$800,000 to develop a new KDPH/LHD data management system based on rough estimates. We are estimating \$600,000 for the new system and budgeting \$200,000 for any customization to meet KDPH and LHD needs as well as programming to tie the system into existing systems, such as those health departments that use their own data management system.

The US Department of Energy has agreed to provide \$165,000 to assist KDPH in developing a new Radiation LIMS. We have budgeted \$240,000 to come up with the full estimated cost. We have bids from several companies that range from \$200,000 to \$400,000 but have not had funding in the past to replace the system. DOE will allow us to use federal funds for our portion of the cost.

KDPH also proposes to collaborate with Tennessee on systems development and data sharing across state lines. Kentucky will assist Tennessee with the development of its electronic vital statistics data and development of system linkage involving newborn screenings and Tennessee will assist Kentucky in the development of its Center for Performance Management

***Executive Summary of Cabinet for Health and Family Services' Grant Application***

and its financial management system. Data sharing will be explored and implemented as appropriate.

**DATE TO THE FEDERAL GRANTING AGENCY: By 5 p.m. August 9, 2010**

**\*\* We would like to submit by Friday, August 6<sup>th</sup> to ensure no problems occur while submitting through grants.gov\*\***

Strengthening Public Health Infrastructure for Improved Health Outcomes  
Component II Budget - Kentucky Department for Public Health  
Opportunity Number: CDC-RFA-CD10-1011  
Year 1

Personnel	Salary	Fringe	Total
KDPH/LHD Data Management System Trainer to provide training to KPDH and LHDs on new financial system	\$ 51,360	\$ 22,085	\$ 73,445
<b>Total Salaries and Fringe</b>	<b>\$ 51,360</b>	<b>\$ 22,085</b>	<b>\$ 73,445</b>
<b>Contractual</b>			
Technical Advisor (IT Project Manager) 40 hours per week @ \$100 per hour		\$208,000	
IT Developer/Engineer 40 hours per week @ \$125 per hour		\$260,000	
Performance Management Consultant/Training To provide training/consultation on development of performance management system		\$ 10,000	
KDPH/LHD Data Management System Based on estimates. Includes systems costs plus customization for specific public health needs and integration with existing systems as needed. Actual cost to be determined based on RFI/RFP outcome.		\$800,000	
Radiation Laboratory Information Management System Vendor		\$240,000	
Department of Energy providing \$165,000 of total cost. Estimate for total cost are between \$200,000 - \$400,000.			
<b>Total Contractual</b>			<b>\$1,518,000</b>
<b>Travel</b>			
<b>Out-of-State</b> For Interstate collaboration with Tennessee 2 staff member for 4 meetings			
Mileage (404 mile x .50 per mile x 4 meetings x 2 staff)	\$ 1,616		
Hotel (\$150 x 1 nights x 4 trips x 2 staff)	\$ 1,200		
Per Diem (\$36 per day x 2 days x 4 trips x 2 staff)	\$ 576		
Other (\$25 per trip x 4 trips x 2 staff)	\$ 200		
<b>Total Out-of-State Travel</b>		\$ 3,592	
<b>In-state</b>			
Hotel (\$120 per night x 1 night x 5 trips x 2 staff)	\$ 1,200		
Per diem (\$36 per day x 5 overnight trips x 2 staff)	\$ 360		
Mileage (Avg 180 miles per trip x .50 per trip x 1 trips x 57 health departments x 2 staff)	\$ 10,260		
Other (\$20 per overnight trip x 5 x 2 staff)	\$ 200		
<b>Total In-state Travel</b>		\$ 12,020	
<b>Total Travel</b>			<b>\$ 15,612</b>
<b>Equipment</b>			
3 laptop computers with docking station @ \$1,000 each For System Trainer, Technical Advisor, and IT Developer/Engineer	\$ 3,000		\$ 3,000
<b>Misc</b>			
Operations and Miscellaneous (Supplies, Printing, etc.)		\$ 10,000	
Interstate trainings with Tennessee		\$ 2,500	
Data sharing with Tennessee To make minor systems changes in order to share vital records, and other data with Tennessee.		\$ 3,000	
<b>Indirect Costs</b>			
21% of Salary		\$ 10,786	
<b>Total Component II Budget</b>			<b>\$1,636,343</b>

<b>Opportunity Title:</b>	Strengthening Public Health Infrastructure for Improved
<b>Offering Agency:</b>	Centers for Disease Control and Prevention
<b>CFDA Number:</b>	93.507
<b>CFDA Description:</b>	Strengthening Public Health Infrastructure for Improved
<b>Opportunity Number:</b>	CDC-RFA-CD10-1011
<b>Competition ID:</b>	OD-OSTLTS-NR
<b>Opportunity Open Date:</b>	07/08/2010
<b>Opportunity Close Date:</b>	08/09/2010
<b>Agency Contact:</b>	CDC Procurement and Grants Office (PGO) Technical Information Management Section (TIMS) E-mail: pgotim@cdc.gov Phone: 770-488-2700

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* **Application Filing Name:** Ky Comp II-Systems to Support Perf. Mgt.

#### Mandatory Documents

Move Form to  
Complete

Move Form to  
Delete

#### Mandatory Documents for Submission

Application for Federal Assistance (SF-424)  
 Disclosure of Lobbying Activities (SF-LLL)  
 HHS Checklist Form PHS-5161  
 Budget Information for Non-Construction Program  
 Project Abstract Summary  
 Budget Narrative Attachment Form  
 Project Narrative Attachment Form

#### Optional Documents

Move Form to  
Submission List

Move Form to  
Delete

#### Optional Documents for Submission

Other Attachments Form

### Instructions

- 1** Enter a name for the application in the Application Filing Name field.
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.
  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Kentucky Cabinet for Health and Family Services

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

61-0600439

\* c. Organizational DUNS:

927049767

d. Address:

\* Street1:

275 East Main Street HSLWA

Street2:

\* City:

Frankfort

County:

Franklin

\* State:

KY: Kentucky

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

40621

e. Organizational Unit:

Department Name:

Ky. Dept. for Public Hlth.

Division Name:

Commissioner's Office

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name:

Patricia

Middle Name:

\* Last Name:

Okeson

Suffix:

Title: Staff Assistant

Organizational Affiliation:

Kentucky Department for Public Health

\* Telephone Number:

502-564-3970

Fax Number:

502-564-9377

\* Email:

tricia.okeson@ky.gov

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

A: State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

**11. Catalog of Federal Domestic Assistance Number:**

93.507

**CFDA Title:**

Strengthening Public Health Infrastructure for Improved Health Outcomes

**\* 12. Funding Opportunity Number:**

CDC-RFA-CD10-1011

**\* Title:**

Strengthening Public Health Infrastructure for Improved Health Outcomes

**13. Competition Identification Number:**

OD-OSTLTS-NR

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Statewide

**\* 15. Descriptive Title of Applicant's Project:**

For Component II, KDPH proposes overhaul replace systems in Year 1 in order to develop data systems that will drive an overall performance management system at the state and local levels.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

6

\* b. Program/Project

A11

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

09/30/2010

\* b. End Date:

09/29/2015

18. Estimated Funding (\$):

\* a. Federal

1,636,343.00

\* b. Applicant

0.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

1,636,343.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/09/2010

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes

☒ No

Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Dr.

\* First Name:

William

Middle Name:

D.

\* Last Name:

Hacker

Suffix:

M.D.

\* Title:

Commissioner

\* Telephone Number:

502-564-3970

Fax Number:

502-564-9377

\* Email:

williamd.hacker@ky.gov

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

## Project Abstract Summary

**Program Announcement (CFDA)**

93.507

**\* Program Announcement (Funding Opportunity Number)**

CDC-RFA-CD10-1011

**\* Closing Date**

08/09/2010

**\* Applicant Name**

Kentucky Cabinet for Health and Family Services

**\* Length of Proposed Project**

60

**Application Control No.****Federal Share Requested (for each year)****\* Federal Share 1st Year**

\$ 1,636,343

**\* Federal Share 2nd Year**

\$ 1,636,343

**\* Federal Share 3rd Year**

\$ 1,636,343

**\* Federal Share 4th Year**

\$ 1,636,343

**\* Federal Share 5th Year**

\$ 1,636,343

**Non-Federal Share Requested (for each year)****\* Non-Federal Share 1st Year**

\$ 0

**\* Non-Federal Share 2nd Year**

\$ 0

**\* Non-Federal Share 3rd Year**

\$ 0

**\* Non-Federal Share 4th Year**

\$ 0

**\* Non-Federal Share 5th Year**

\$ 0

**\* Project Title**

For Component II, KDPH proposes overhaul replace systems in Year 1 in order to develop data systems that will drive an overall performance management system at the state and local levels.

## Project Abstract Summary

### \* Project Summary

The Kentucky Department for Public Health (KDPH) is applying for Component I and II of this grant opportunity. For component I, KDPH is requesting \$200,000 to develop a Center for Performance Improvement within the KDPH Commissioner's office. The Center will be responsible for developing a performance improvement system at the state and local health department levels.

For Component II, KDPH is requesting \$1,636,343 to replace out-dated systems with data systems that will drive an overall performance management system at the state and local levels. Systems to be developed in year one include a financial management system and a radiation laboratory information system.

In addition, KDPH proposes to collaborate with its neighbor, Tennessee on systems development and data sharing across state lines. Kentucky will assist Tennessee with the development of its electronic vital statistics data and the development of system linkage involving newborn screenings; Tennessee will assist Kentucky in the development of its Center for Performance Management, performance management system and its financial management system. Cross-jurisdictional data sharing will be explored and implemented where appropriate.

Categories of Core Public Health Infrastructure addressed: Public Health System Development/Redevelopment, Performance Management

Key Areas Addressed: Health IT and Communications Infrastructure, Workforce and Systems Development

\* Estimated number of people to be served as a result of the award of this grant.

4000000

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Kentucky Cabinet for Health and Family Svcs. * Street 1: 275 East Main Street    Street 2: _____ * City: Frankfort    State: KY: Kentucky    Zip: 40621 Congressional District, if known: 6		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>   		
<b>6. * Federal Department/Agency:</b> Ctrs. for Disease Control and Prevention	<b>7. * Federal Program Name/Description:</b> Strengthening Public Health Infrastructure for Improved Health Outcomes CFDA Number, if applicable: 93.507	
<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix _____ * First Name: None    Middle Name: _____ * Last Name: None    Suffix: _____ * Street 1: _____    Street 2: _____ * City: _____    State: _____    Zip: _____		
<b>b. Individual Performing Services</b> (Including address if different from No. 10a) Prefix _____ * First Name: None    Middle Name: _____ * Last Name: None    Suffix: _____ * Street 1: _____    Street 2: _____ * City: _____    State: _____    Zip: _____		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. <b>* Signature:</b> Completed on submission to Grants.gov <b>* Name:</b> Prefix Dr.    * First Name: William    Middle Name: D. * Last Name: Hacker    Suffix: MD <b>Title:</b> Commissioner <b>Telephone No.:</b> 502-564-3970 <b>Date:</b> Completed on submission to Grants.gov		
Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		

# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Component II - Strengthening Public Health Infrastructure for Improved Health Outcomes	93.507	\$	\$	\$ 1,636,343.00	\$	\$ 1,636,343.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,636,343.00	\$	\$ 1,636,343.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Component II - Strengthening Public Health Infrastructure for Improved Health Outcomes				
a. Personnel	\$ 51,360.00	\$	\$	\$	\$ 51,360.00
b. Fringe Benefits	22,085.00				22,085.00
c. Travel	15,612.00				15,612.00
d. Equipment	3,000.00				3,000.00
e. Supplies					
f. Contractual	1,518,000.00				1,518,000.00
g. Construction					
h. Other	15,500.00				15,500.00
i. Total Direct Charges (sum of 6a-6h)	1,625,557.00			\$	1,625,557.00
j. Indirect Charges	10,786.00			\$	10,786.00
k. TOTALS (sum of 6i and 6j)	\$ 1,636,343.00	\$	\$	\$	1,636,343.00
7. Program Income	\$	\$	\$	\$	

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,636,343.00	\$ 409,085.75	\$ 409,085.75	\$ 409,085.75	\$ 409,085.75
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 1,636,343.00	\$ 409,085.75	\$ 409,085.75	\$ 409,085.75	\$ 409,085.75

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Component II - Strengthening Public Health Infrastructure for Improved Health Outcomes	\$ 1,636,343.00	\$ 1,636,343.00	\$ 1,636,343.00	\$ 1,636,343.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 1,636,343.00	\$ 1,636,343.00	\$ 1,636,343.00	\$ 1,636,343.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: 1,625,557.00	22. Indirect Charges: 10,786.00
23. Remarks:	



## CHECKLIST

OMB Approval No. 0920-0428

**Public Burden Statement:**

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

**NOTE TO APPLICANT:**

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☒ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

**PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.**

	Included	NOT Applicable
1. Proper Signature and Date .....	<input type="checkbox"/>	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page. ....	<input type="checkbox"/>	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) .....	<input type="checkbox"/>	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
<input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....		
<input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....		
<input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....		
<input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....		
5. Human Subjects Certification, when applicable (45 CFR 46) .....	<input type="checkbox"/>	<input type="checkbox"/>

**PART B: This part is provided to assure that pertinent information has been addressed and included in the application.**

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding Intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....	<input checked="" type="checkbox"/>	
3. Has the entire proposed project period been identified on the SF-424? .....	<input checked="" type="checkbox"/>	
4. Have biographical sketch(es) with job description(s) been attached, when required? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? .....	<input checked="" type="checkbox"/>	
6. Has the 12 month detailed budget been provided? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Has the budget for the entire proposed project period with sufficient detail been provided? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. For a Supplemental application, does the detailed budget address only the additional funds requested? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. For Competing Continuation and Supplemental applications, has a progress report been included? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART C: In the spaces provided below, please provide the requested information.**

Business Official to be notified if an award is to be made

Name: Prefix: Mr. \* First Name: Mike Middle Name:   
 \* Last Name: Tuggle Suffix:   
 Title: Assistant Director, Div. of AFM   
 Organization: Kentucky Department for Public Health   
 Address: \* Street1: 275 East Main Street, HS1WA   
 Street 2:   
 \* City: Frankfort   
 \* State: KY: Kentucky Province:   
 \* Country: USA: UNITED STATES \* Zip / Postal Code: 40621   
 \* Telephone Number: 502-564-3970   
 E-mail Address: mike.tuggle@ky.gov   
 Fax Number: 502-564-9377

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

61-0600439

**PART C (Continued): In the spaces provided below, please provide the requested information.**

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: Dr. \* First Name: William Middle Name: D.  
 \* Last Name: Hacker Suffix: MD  
 Title: Commissioner  
 Organization: Kentucky Department for Public Health  
 Address: \* Street1: 275 East Main Street HSIWA  
 Street2:   
 \* City: Frankfort  
 \* State: KY: Kentucky Province:   
 \* Country: USA: UNITED STATES \* Zip / Postal Code: 40621  
 \* Telephone Number: 502-564-3970  
 E-mail Address: williamd.hacker@ky.gov  
 Fax Number: 502-564-9377

SOCIAL SECURITY NUMBER

HIGHEST DEGREE EARNED

MD

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: \* (Agency)

on \* (Date)

**INVENTIONS**

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

**EXECUTIVE ORDER 12372**

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

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To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

US. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

**Strengthening Public Health Infrastructure for Improved Health Outcomes**

**Funding Opportunity Number:** CDC-RFA-CD10-1011

**Catalog of Federal Domestic Assistance Number:** 93.507

**Applicant Name:** Kentucky Cabinet for Health and Family Services, Department for Public Health

**Grant Application:** Component II – Enhanced Funding for Public Health Transformation

**Summary of Funding Request:**

The Kentucky Department for Public Health (KDPH) is applying for Component I and II of this grant opportunity. For component I, KDPH is requesting \$200,000 to develop a Center for Performance Improvement within the KDPH Commissioner's office. The Center will be responsible for developing a performance improvement system at the state and local health department levels.

For Component II, KDPH is requesting \$1,636,389 to replace out-dated systems with data systems that will drive an overall performance management system at the state and local levels. Systems to be developed in year one include a financial management system and a radiation laboratory information system.

In addition, KDPH proposes to collaborate with its neighbor, Tennessee on systems development and data sharing across state lines. Kentucky will assist Tennessee with the development of its electronic vital statistics data and the development of system linkage involving newborn screenings and other vital records; Tennessee will assist Kentucky in the development of its Center for Performance Management, performance management system and its financial management system. Cross-jurisdictional data sharing will be explored and implemented where appropriate.

Categories of Core Public Health Infrastructure addressed: Public Health System Development/Redevelopment, Performance Management

Key Areas Addressed: Health IT and Communications Infrastructure, Workforce and Systems Development

**Background:**

The Commonwealth of Kentucky, home to 4.3 million people, is known for diverse geographic conditions from the flat farmlands of Western Kentucky to the hills and coal mines of Eastern Kentucky. In addition to coal, the Kentucky economy includes tourism, horses, agriculture and industrial products such as transportation equipment, chemical products, electric equipment, machinery, food processing, and tobacco products.

Despite the variety of agricultural and industrial economic drivers, the Commonwealth of Kentucky has experienced a decline in revenue receipts for the last two fiscal years due to the national economic recession, which has resulted in over \$900 million dollars in spending reductions. The economic crisis has resulted in 17.2% of Kentuckians living below Federal Poverty Levels with over 800,000 currently enrolled in the state's Medicaid program that is designated to meet the health needs of those most needy. Despite increases in the current Executive Budget for Kentucky's Medicaid program, the program is still estimated to be underfunded by \$50 million each year.

The Commonwealth of Kentucky's Department for Public Health (KDPH) is the sole organizational unit of Kentucky's state government responsible for developing and operating all public health programs and activities for the citizens of Kentucky. These activities include health service programs for the prevention, detection, care, and treatment of specific illnesses and diseases.

KDPH is part of the Cabinet for Health and Family Services and shares responsibility for public health programs with local health departments which it directs but does not own. In addition to the state agency, there are 42 Local Health Departments (LHDs) and 15 regional health districts in Kentucky which all report to their local jurisdiction. The complete public health system in Kentucky includes many non-profit health-related groups, foundations and healthcare facilities. Each agency plays a part in caring for the health needs of Kentuckians whose health statistics rank among the lowest in the nation. According to America's Health Rankings, the Commonwealth ranks 44<sup>th</sup> in the percent of population that is obese, 48<sup>th</sup> in the percent of population that smokes, 49<sup>th</sup> in the number of preventable hospitalizations, and 48<sup>th</sup> in the percent of adult population with cardiac heart disease. These are complex problems with multiple causes which require complex interventions.

Such problems become increasingly difficult to impact in a state with shrinking resources. KDPH recognizes the need to maximize the resources available to meet the needs of Kentucky citizens.

Kentucky is also geographically challenged with seven border states. This situation makes it difficult for healthcare and public health planning since many Kentucky citizens travel to other states for their healthcare and are affected by neighboring states' public health systems. KDPH

welcomes the opportunity to collaborate on projects in this proposal with the state in which we share the longest border, Tennessee.

### Existing Systems

Despite the difficulty in dealing with shrinking public health resources, the Commonwealth of Kentucky and KDPH have many examples of programs, either developed or in process, to improve the systems used to provide public health services throughout the state. Examples include the Kentucky – Certificate of Birth, Hearing, Immunization and Lab Data (KY-CHILD) program, implemented statewide in December 2006. This program is a web-based application that automates and integrates the collection of health and human services data pertaining to the birth of a newborn. The benefits of KY-CHILD include seamless reporting and printing capabilities for Certificate of Live Birth, Certificate of Still Birth, Newborn Hearing Screening and Metabolic Screenings. This one data stream also populates various back-end public health systems for the registration of birth, lab screening and reporting of heritable disorders, Medicaid, and hearing screenings. This automation has resulted in faster access to real-time information that assists case managers in integrating with the medical community and new parents.

In addition, KDPH is currently piloting an Electronic Death Registration System (EDRS). EDRS involves re-engineering and modernizing the process by which death event data is collected and certified. Death surveillance data from this system can be made available more timely and accurately. This enhances Kentucky's surveillance capacity for events such as H1N1. This program is implementing a state-of-the-art, web-based system which will allow electronic submission of death information to the Office of Vital Statistics and includes collaborative work with funeral directors, medical certifiers, the Office of Vital Statistics and others. Benefits include more efficient processes and an improvement in the quality of work because of records management.

Additional programs under development in Kentucky include the Immunization Registry set to pilot in August 2010. This program will connect immunization providers both public and private to create a common repository for all immunization information. Future plans for the program will include read-only portals to immunization certificate information granted to day care centers, schools, parents, and hospitals for those individuals and institutions who must verify such information on a per-child basis.

Also in its initial stages, is the Kentucky Health Information Exchange (KHIE), a secure interoperable state electronic health network. This program is beginning as a pilot effort in strategic locations around the state, including the University of Louisville and the University of Kentucky hospitals, two large acute care hospitals in Fayette County, Kentucky's second largest county, hospitals in eastern Kentucky and two clinic sites. The pilot utilizes various methods of exchange for health information which include the Continuity of Care Document (CCD) and Cross Enterprise Document Sharing (XDS) Repository along with a Master Patient Index (MPI),

Record Locator Service (RLS), disease management support, clinical rules engine, ePrescribing capabilities and later will support the exchange of structured lab results. The KHIE also includes two sites in Western Kentucky. KDPH is an active participant in KHIE guidance, planning and contributor to meaningful use.

Each of these projects show KDPH's willingness to creatively partner with various users of public health information to increase accuracy and efficiency and improve the value of public health systems.

#### Systems Needing Modernization

While many of our systems are robust enough to provide accurate data necessary for performance management, some systems within the public health arena in Kentucky remain outdated and cumbersome and lack the capability of seamless data sharing as previously mentioned systems do. Two systems have been identified as needing significant modernization. They are the KDPH/LHD financial management/accounting system and the KDPH Radiation Laboratory Information Management System. Strategic planning and public health improvement planning may identify other system in need of modernization. While these other systems would be candidates for upgrading in subsequent years of the grant, the two systems identified have been targeted for contributing immediate progress toward the development of a Performance Management System.

The current financial management system has been in place for more than 20 years and is a combination of several antiquated systems that are silos and not designed to work well together. Much of the necessary data analysis for managing is performed manually, resulting in slower allocation of resources and increased opportunity for errors. KDPH has partnered with the local health departments through various collaborative means to identify the user needs and has developed a Request for Information (RFI) to identify vendors capable of developing a system that moves Kentucky forward in integrated data collection, accountability and resource management.

The KDPH Radiation Laboratory Information System (LIMS) is also out-dated and is not integrated into our other laboratory systems. The system was designed using an Access database and currently has only one person trained (a contractor with the University of Kentucky) to maintain the system. Should this system become unusable, KDPH has no mechanism for electronically tracking environmental radiation samples. This deficiency leaves the state very vulnerable to unacceptable response to a radiation event. KDPH has a commitment from the US Department of Energy to provide up to \$165,000 in funding for a new Radiation LIMS; however, KDPH does not have the balance of funding required for a new system. The balance of funding for this system can be from other federal sources.

KDPH proposes to update the above mentioned systems and incorporate information from multiple clinical and operational systems into a format through which users from various



disciplines within public health could have real-time information and performance improvement data. KDPH also proposes to collaborate with Tennessee in several areas that are mutually beneficial to both states.

### **Activity Plan**

The focus of this project is to make available information to support data-driven decision making by KDPH and Local Health Department leaders.

Categories of Core Public Health Infrastructure addressed: Public Health System Development/Redevelopment, Performance Management

Key Areas Addressed: Health IT and Communications Infrastructure, Workforce and Systems Development

### **Methods and Activities**

#### **1) Modernization of Financial Management System**

Key Partners: KDPH financial and program staff, LHDs, CHFS Office of Administration and Technology Services.

Cross-jurisdictional Relationships: KDPH and 57 local health jurisdictions

This project seeks to establish a cross-functional team of state and local public health officials to develop a potential vendor list and Request for Proposal (RFP) document which will guide the design, procurement and implementation of a data-management system. This team will work in coordination with dedicated personnel resources, both internal to KDPH and those with an external focus to the individual LHDs through Component I of this application.

The data-management system will provide tools for tracking and merging of clinical and operational data from a variety of other systems (KY-CHILD, EDRS, financial and others), establishment of performance measures and reporting of state-level and individual LHD data on the effectiveness and efficiency of various public health programs. Effectiveness measures will make available outcome measurements for clinical, environmental, educational and other public health programs. Efficiency measures will make data available so that, both at the state level and at the individual LHD level, resource expenditures could be mapped to each program or initiative. Through these means, the Commonwealth of Kentucky could monitor effectiveness and efficiency of public health programs in an aggregate format and an individualized format to provide in-state benchmarking of practices that provide the best outcomes and the most efficient use of resources.

Through the use of a cross-functional team approach, leaders and practitioners in public health would be trained in performance management systems and tools to better understand the reliance of each area within public health on others. Current systems of data-collection will be evaluated

against goals of user-friendliness, applicability to performance management measures, ability to provide data in “real-time” and ease of report creation.

Key personnel in the RFP development for the data management systems will include the two FTE’s in the Center for Performance Management (CPM) funded under Category I of this funding opportunity. These individuals play an important role in the development of a KDPH Strategic Plan with goals and objectives which drive the public health efforts of Kentucky. These individuals will also assist LHDs with their own strategic planning. Among these efforts will be performance improvement initiatives both in clinical and operational arenas with each including data needs and the coordination of multiple systems. Information from the CPM will provide structure to the interfaces which must be developed between existing clinical and operations systems, as well as the identification and implementation the new data management systems.

The CPM will train KDPH and LHD staff on performance improvement tools. The data management system will allow for data from a variety of clinical and operational systems to be utilized for performance management initiatives and training. Training of state and public health staff on overall performance management systems development and of the new financial management system will be a critical part of the system modernization.

In much the same way as KY-CHILD automates reporting and printing capabilities of data collection to the various back-end systems and case management of Hearing and Metabolic Screening events, a comprehensive data management system will decrease the amount of time to allocate/dispense resources throughout the state public health system. The data management system will eliminate duplication of effort when entering various data points and enable information to be pulled from various data locations. This information will enable data driven decision making for resource allocation and benchmarking of effective and efficient public health programs.

The new system will allow public health the ability to better demonstrate accountability and make KDPH and the LHDs more responsive, flexible, and better positioned to take advantage of opportunities that are likely to arise as the healthcare in the United States undergoes dramatic changes over the next decade.

Design, procurement and implementation of a data management system capable of interfacing currently redesigned clinical and operational systems as well as implement data collection specific to performance management and improvement activities will improve the organizational and program efficiency of KDPH and at the local level. In addition, due to the reduction in duplication of effort with data entry, reduction of errors within multiple entry systems and the ability to make decisions with real-time data, KDPH will realize financial savings.

A fully developed data management system, which interfaces current clinical and operational systems within Kentucky, will provide a mechanism to understand programmatic and clinical outcomes across the state and to incorporate financial data to understand the efficiency of program offerings. It will allow increased accountability at the local level for programmatic spending and improve the ease of reporting the status of deliverables to funding agencies leading to more effective and efficient use of resources. With this information, LHDs could be benchmarked against one another, within the state, to understand how the nuances between specific health departments can impact outcomes (i.e. effectiveness) and efficiency (use of resources). Benchmarks for deliverables for this process are outlined in the Performance Plan.

## **2) Modernize the Radiation Laboratory Information System**

**Key Partners:** KDPH Division of Public Health Protection and Safety staff, including Radiation Branch, Local Health Departments, CHFS Office of Administration and Technology Services, CDC, US Department of Energy, Environmental Protection Agency.

**Cross-jurisdictional Relationships:** KDPH and local communities statewide, CDC, US Government, Tennessee

KDPH proposes to redevelop the Radiation LIMS to provide a reliable electronic system that will increase efficiency of testing environmental samples but will also be linked directly with our other existing laboratory systems, thus providing a seamless mechanism to manage all laboratory information. The addition of this system will also allow KDPH to begin testing biological samples for radiation exposure. Staff have had a series of meetings to discuss the capability to prepare and analyze radiobioassay samples in the event of a radiological incident in Kentucky. Currently, all biological samples must be sent to CDC to test for radiologic exposure. Based on KDPH staff conversations with CDC staff, CDC would be challenged to meet demand for testing in a large radiologic event (dirty bomb or other non-terrorist event). Increasing the capacity for testing within the state will improve the response time in any radiologic event with human or animal exposure. The initial focus will be on urine sampling but may expand into other biological samples in the future. A draft gamma spectroscopy protocol for urine has been developed. KDPH projects it can analyze approximately 288 samples per day with 24 hour operation.

KDPH has been approached by CDC to explore the possibility of the KDPH Radiation Laboratory becoming a regional radiation laboratory. On June 8, 2010, Dr. Robert Jones of the CDC met with the KDPH laboratory staff and toured the KDPH Radiation Laboratory. The potential for the KDPH Radiation Lab to become an LRN Radiation Laboratory was discussed. KDPH is interested in becoming a LRN Radiation Lab and needs to update the LIMS system in order to do so.

Updating the Radiation LIMS will also provide valuable data to use in the performance management system. Data will be used to determine efficient and effective allocation of scarce resources, including funding and staff time, and to evaluate how radiation services are provided across the state.

The US Department of Energy (DOE) has committed to provide up to \$165,000 of the funding needed for a new LIMS through an existing MOA. (Documentation is attached showing a page from the KDPH MOA with DOE outlining their commitment for funding the LIMS project.) KDPH has received several quotes for a new system and expects the total cost to be between \$200,000 and \$400,000. KDPH is requesting \$240,000 to cover cost replacement of the existing LIMS system. An RFP will be released and the final cost will be determined from this process. Staff training costs for the new system will be absorbed by KDPH.

Benchmarks for deliverables for this process are outlines in the Performance Plan.

### **3) Building Interstate Relationship with Tennessee**

This project seeks to develop a comprehensive data management system which will update current clinical and operational systems and interface such systems for use with cross-functional performance management initiatives both within the KDPH and into the LHDs. Kentucky and Tennessee share not only a common border but many of the same geographic and population characteristics. Both states have both Appalachian and Delta geography and both have comparable health statistics.

This collaborative project would share resources of the well established Tennessee Public Health Performance Management Office with the newly developed KDPH CPM. The expertise gained from Tennessee would assist Kentucky's CPM development, share successes and give the newly hired CPM Staff in Kentucky a mentor relationship for contact. The KDPH CPM will coordinate its implementation of specific performance initiatives and training with Tennessee as appropriate.

Another shared activity between the two states includes sharing vital statistics. Tennessee is applying for component II funds to establish a web-based electronic vital records system. It is anticipated that if funding is approved, by year three or four Kentucky and Tennessee will be able to electronically share records and linkages to newborn screening data and other vital records data to assist in identifying those residents of that may be receiving medical treatment or other public health services in the other state.

In addition, KDPH will provide consultation related to its KY-CHILD system to Tennessee. This system uses electronic vital records system and other electronic systems that currently exist in

Kentucky. These systems are aimed at streamlining public health functions with Tennessee as the state currently does not have a system similar to KY-CHILD for integrating and automating the collection of health and human services data generated by the birth of a newborn.

The nature of Kentucky and Tennessee collaboration would strengthen the efforts of each state to utilize expertise, technology, time and financial resources. This would allow work with vendors to create systems which not only collaborate/interface with other in-state systems but also allow for relationship and technological collaboration across state lines as well.

Due to the frequency of this cross jurisdictional use of medical resources, both states may more quickly identify needs for additional services, such as immunizations, home referrals, or follow up for newborn screening testing. This combined collaboration will enable both states to better address the needs our citizens, further comply with mandatory reporting required by both federal and state laws, as well as foster advancement of many elements of the federal health reform.

Both Tennessee's Commissioner of Health, Susan R. Cooper, MSN, RN and Kentucky's Commissioner of Public Health, William D. Hacker, MD, FAAP, CPE are strong supporters of this collaborative shared resource initiative. Initial discussions have occurred between the Commissioners resulting in a teleconference with senior staff members from both Tennessee and Kentucky. This teleconference resulted in establishing an initial agreement and a tentative action plan identifying potential areas of collaboration during year one and two as well as future collaborations as both states improve their system infrastructure.

Funding will assist in establishing a unique Kentucky/Tennessee collaborative partnership that will promote uniform training for our respective stakeholders, as well as provide a designated group to address specific shared populations, such as the mobile or transient Fort Campbell military population, and identified rural areas, which have similar population demographics and lifestyle choices.

### **Project Management**

Although local health departments in Kentucky are independent agencies, KDPH has a very close relationship with the department directors and routinely collaborates on many issues with the local health departments using the team concept. KDPH organized a small advisory panel of local health department directors to provide direction on component I and II of this grant application. The advisory panel includes the President of the Kentucky Health Department Association, the President of the Kentucky Public Health Association, and a member of the Board for National Association for City and County Health Officials. This advisory group will remain intact throughout the grant cycle to provide consultation and direction for both components I and II of this funding opportunity. Additional members may be added to the panel

as appropriate and KDPH will continue to rely on their expertise and leadership as these projects move forward.

*Staffing:*

Staff members of the CPM, under the direction of the Commissioner for KDPH, will guide the process of development and implementation of a statewide performance management system that meets the needs of KDPH and LHDs and moves Kentucky toward compliance with PHAB accreditation standards, measures and practices. KDPH staff will provide expertise on systems development. A project manager,

Principle Investigator - William Hacker, MD, FAAP, CPE, Commissioner, KDPH, has extensive experience in healthcare management and in administration as well as clinical services and public health. Dr. Hacker has served as Commissioner since 2004 and reports directly to the Secretary of the Cabinet for Health and Family Services. An organizational chart for KDPH and a CV for Dr. Hacker are included in the attachments.

**Year 1 Performance Plan and Timeline**

Activities	Responsible Entities	Time Frame	Result/Evaluation
Employ personnel for data system implementation including Project Manager and IT Consultant	KDPH; Cabinet Office of Administration and Technology Services	October 2010	Positions posted and successfully hired.
Meet with systems stakeholders including local health departments for financial management system.	KDPH Administration and Financial Management Division and Office of Performance Management staff	October 2010	Meeting occurred with substantial input from system stakeholders needed to develop and RFP
Determine data needs for performance management system and ensure data elements are available through any new or redesigned system. Assure stakeholder involvement.	KDPH Administration and Financial Management Division and Office of Performance Management staff	October – November 2010	Data needs for performance management are identified prior to RFP development and are included in requirements for new system.

Develop RFP for financial management system and Radiation LIMS	KDPH; Cabinet Office of Administration and Technology Services	November – December 2010	RFP released by Kentucky Finance Cabinet.
Award Contract for data systems. Reviewer to include stakeholders as appropriate.	KDPH; Cabinet Office of Administration and Technology Services	February 2010	Contract for data systems awarded.
Systems implementation begins. Specific timeline for complete implementation will depend on results of the RFP process.	KDPH; Selected Vendor(s)	March 2010	System implementation has begun. Timeline for complete implementation determined.
Training of KDPH staff and local users begins.	KDPH Administration and Financial Management Division and Office of Performance Management staff and Radiation Branch Staff	April 2010 (may be adjusted based on results of RFP process).	Training for 50% of the stakeholders complete within 3 months. Training for over 95% of stakeholders complete within 6 months.

In Year 2 of the grant proposal, KDPH will begin identifying data system linkages needed for more efficient and effective performance management system. KDPH will seek input from stakeholders to identify their needs as the system develops. KDPH anticipates releasing a RFP for a software system that will link data from different systems into one, user-friendly, dashboard type product that will provide public health leaders and decision makers with more readily available information for productive decision support and to identify areas for performance improvement. KDPH senior leadership, LHD leadership and the CPM will be the key decision makers in the development of this system. Additional training will take place for stakeholders on any new system developments, including how to use the software as well as how to use the data in decision making. Capacity for LHDs statewide to connect to this system will also be evaluated.

#### Key Partners:

KY Department for Public Health - Key partners will be KDPH leadership, including the Commissioner, Deputy Commissioner and Division Directors, Branch Managers and Program staff.

Local Health Departments - Local health departments are equal partners in implementing a statewide performance management system and using the new systems. The President of the KY Health Department Association (KHDA) represents local health departments as a member of the Performance Management Advisory Committee. The Commissioner's Office will make regular reports of activities to the KHDA membership at their monthly meetings. Special meetings will be called as requested by KHDA members or KDPH staff. A letter of support is included in the attachments.

KY Public Health Association (KPHA) – KPHA is a voluntary association of public health professionals with nearly 1,000 members. Agencies represented include public health departments, schools of public health, and community agencies. The President of KPHA serves on the Performance Management Advisory Committee. A letter of support is included in the attachments.

UK College of Public Health (UKCPH) and KY Public Health Research Network (KPHReN) – KPHReN is a Roberts Wood Johnson Foundation funded practice-based research network that enables community providers to collaborate with researchers in designing, implementing, evaluating and diffusing solutions to relevant problems in clinical practice. Members include KDPH, UKCPH, KPHA and 17 local health departments. A representative will be identified to serve on the Performance Management Advisory Board and to assist with evaluation.

KY General Assembly – The Kentucky General Assembly has demonstrated support for performance management through introduction of legislation supporting accreditation of health departments during the 2010 session. The House Bill did not pass but generated strong support and is expected to be reintroduced in 2011.

The State of Tennessee – as outline in this proposal, the Tennessee Department of Health will be a strong partner in implementation of this proposal and development of Kentucky's Performance Management System. A letter of support is included in the attachments.

### **Evaluation plan**

As the Performance Management system is further developed, KDPH will look to the evaluation expertise housed at the University of Kentucky, College of Public Health and the Kentucky Public Health Research Network (KPHReN). KPHReN is a network of public health professionals including the Kentucky Public Health Association which includes 17 local health departments, University of Kentucky College of Public Health and KDPH. It includes a steering committee that provides broad oversight and makes recommendation on public health policies, including PHAB and Quality Improvement projects across the state.



The long-term evaluation plan will not only include the status of reaching deliverables described in this grant application but will also include determining if performance measured identified in our strategic plan(s), performance improvement plan(s), as well as the performance management system are appropriate to truly measure the benchmarks and outcomes as intended.

Strengthening Public Health Infrastructure for Improved Health Outcomes  
Component II Budget - Kentucky Department for Public Health  
Opportunity Number: CDC-RFA-CD10-1011  
Year 1

Personnel	Salary	Fringe	Total
KDPH/LHD Data Management System Trainer to provide training to KPDH and LHDs on new financial system	\$ 51,360	\$ 22,085	\$ 73,445
<b>Total Salaries and Fringe</b>	<b>\$ 51,360</b>	<b>\$ 22,085</b>	<b>\$ 73,445</b>
<b>Contractual</b>			
Technical Advisor (IT Project Manager) 40 hours per week @ \$100 per hour		\$208,000	
IT Developer/Engineer 40 hours per week @ \$125 per hour		\$260,000	
Performance Management Consultant/Training To provide training/consultation on development of performance management system		\$ 10,000	
KDPH/LHD Data Management System Based on estimates. Includes systems costs plus customization for specific public health needs and integration with existing systems as needed. Actual cost to be determined based on RFI/RFP outcome.		\$800,000	
Radiation Laboratory Information Management System Vendor		\$240,000	
Department of Energy providing \$165,000 of total cost. Estimate for total cost are between \$200,000 - \$400,000.			
<b>Total Contractual</b>			<b>\$1,518,000</b>
<b>Travel</b>			
<b>Out-of-State</b> For Interstate collaboration with Tennessee 2 staff member for 4 meetings			
Mileage (404 mile x .50 per mile x 4 meetings x 2 staff)	\$ 1,616		
Hotel (\$150 x 1 nights x 4 trips x 2 staff)	\$ 1,200		
Per Diem (\$36 per day x 2 days x 4 trips x 2 staff)	\$ 576		
Other (\$25 per trip x 4 trips x 2 staff)	\$ 200		
<b>Total Out-of-State Travel</b>		\$ 3,592	
<b>In-state</b>			
Hotel (\$120 per night x 1 night x 5 trips x 2 staff)	\$ 1,200		
Per diem (\$36 per day x 5 overnight trips x 2 staff)	\$ 360		
Mileage (Avg 180 miles per trip x .50 per trip x 1 trips x 57 health departments x 2 staff)	\$ 10,260		
Other (\$20 per overnight trip x 5 x 2 staff)	\$ 200		
<b>Total In-state Travel</b>		\$ 12,020	
<b>Total Travel</b>			<b>\$ 15,612</b>
<b>Equipment</b>			
3 laptop computers with docking station @ \$1,000 each For System Trainer, Technical Advisor, and IT Developer/Engineer	\$ 3,000		\$ 3,000
<b>Misc</b>			
Operations and Miscellaneous (Supplies, Printing, etc.)		\$ 10,000	
Interstate trainings with Tennessee		\$ 2,500	
Data sharing with Tennessee To make minor systems changes in order to share vital records, and other data with Tennessee.		\$ 3,000	
<b>Indirect Costs</b>			
21% of Salary		\$ 10,786	
<b>Total Component II Budget</b>			<b>\$1,636,343</b>

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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To add more "Other Attachment" attachments, please use the attachment buttons below.

# Kentucky Department for Public Health

## Performance Management Implementation

### Component I Develop Basic Performance Management Infrastructure

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- Create Performance Management Center
  - Workforce Development—Develop/Provide Training on CQI for state and local public health systems.
- Assessment—MAPP leading to Community Initiated Decision Making, including understanding current data and identifying additional data needs.
- Develop Strategic Plan for state and assist local health departments in strategic planning.
- Continue moving state and local health departments toward PHAB standards.

### Component II Develop Enhanced Performance Management Infrastructure

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- Modernization of Systems—beginning with Data Management System such as Financial, Information Management, and Other Systems based on assessment
- Develop system to incorporate data from multiple systems into user-friendly information
- Implement Community Initiated Decision Making based on clinical and financial system data
  - Link public health with the Kentucky Health Information Exchange. Use system to address acute and chronic disease prevention planning and policy and connect public health to other clinical settings.
- Continue moving state and local health department toward accreditation through PHAB using information from updated systems.

Chief of Staff  
Charles Kendall, MPA

Staff Assistant  
Tricia Okeson, MPA

# **Department for Public Health**

William D. Hacker, MD, FAAP, CPE  
Commissioner

Center of Health Equity  
Torrie T. Harris, DrPH

Deputy Commissioner  
Steve Davis, MD

Chief Nursing Officer  
Rosie Miklavcic, BSN, MPH

Assistant Director of Nursing  
Joy Hoskins, RN, BA

(Proposed)  
Center for Performance Management  
Manager (Vacant)  
Specialist (Vacant)

## **Division of Maternal and Child Health**

**Nutrition Services Branch**  
WIC Program  
Clinical Nutrition Section

**Child and Family Health Improvement Branch**  
Pediatric Section  
Oral Health Section

**Early Childhood Development Branch**  
Early Childhood Promotion Section  
Early Intervention Section  
Newborn Screening Section

**Ruth Shepherd, MD**

## **Division of Women's Health**

**Adolescent Health Initiatives Program**  
Breast and Cervical Cancer Screening Program

Breast Cancer Research and Education Trust Fund

Family Planning Program

Preconception Health Program

Ovarian Cancer Awareness

**Connie Gayle White, MD**

## **Division of Prevention and Quality Improvement**

**Chronic Disease Prevention Branch**  
Disease Management Section

**Public Health Improvement Branch**  
Quality Improvement Section  
Worksite Health Section

**Health Care Access Branch**  
Health Promotion Branch

**Regina Washington, DrPH**

## **Division of Epidemiology and Health Planning**

**HIV/AIDS Branch**  
Infectious Disease Branch  
TB Control  
Immunization  
STD  
Reportable Disease (Rob Brawley, MD, MPH)

**Vital Statistics Branch**  
Public Health Preparedness Branch

**Kraig Humbaugh, MD, MPH**

## **Division of Public Health Protection and Safety**

**Milk Safety Branch**  
Food Safety Branch  
Retail Food Manufacturing

**Environmental Management Branch**  
Facilities  
Community

**Radiation Health Branch**  
Machines Section  
Radioactive Material Section  
Radiation/Environmental Monitoring Section

**Public Safety Branch**  
Swimming Pools  
Lead

**Guy Delius, RS**

## **Division of Laboratory Services**

**Microbiology Branch**  
Virology  
Bacteriology

**Molecular and Clinical Chemistry Branch**  
Newborn Screening

**Global Preparedness and Environmental Branch**  
Business Operations Branch

**Stephanie Mayfield, MD**

## **Division of Administration and Financial Management**

**Contracts and Payment Branch**  
Local Health Operations Branch  
Coding and Billing

**Budget Branch**  
Local Health Personnel Branch

**Education and Workforce Development Branch**

**Rosie Miklavcic, BSN, MPH**

MOA with DOE/EEC

now  
verbal  
agreement  
to do.

	Document Phase	Document Description	Page
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5.5 The funding for CHFS will be as follows.

First year total funding shall be \$853,827.00

AIP \$540,238.00

FFA \$313,589.00

Included in the first year of the Grant is \$165,000.00 in additional reimbursement funds to be used by CHFS toward the purchase of a LIMS to replace the current system. 90% is in the AIP and 10% of the LIMS funding is in the FFA side.

Second year shall be \$688,827.00

AIP \$391,738.00

FFA \$297,089.00

Grand total for 2 years \$1,542,654.00

CHFS will only be reimbursed the amount awarded by DOE to CHFS to perform the services requested.

This agreement shall not exceed \$1,542,654.00.

This funding covers the period of July 1, 2008 through June 30, 2010.

## **6. TERM OF AGREEMENT**

6.1 This AGREEMENT shall be effective on July 1, 2008 and shall expire upon June 30, 2010 or upon the final completion of the Project as specified in Sections 1 and 2 of this AGREEMENT, whichever first occurs, unless extended in writing by the parties or terminated earlier in accordance with the terms hereof.

## **7. ASSURANCES**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Service  
Division of Cost Allocation

Cohen Building-Room 1067  
330 Independence Avenue, S.W.  
Washington, DC 20201  
PHONE: (202)-401-2808  
FAX: (202)-619-3379

August 31, 2007

Mr. Mike Burnside  
Undersecretary, Administrative and Fiscal Affairs  
Kentucky Cabinet for Health and Family Services  
275 E. Main Street, 5W-A  
Frankfort, KY 40621

Dear Mr. Burnside:

This is to advise you of the approval of Amendment 05-3 to the Kentucky Cabinet for Health and Family Services Cost Allocation Plan effective July 1, 2006.

In accordance with 45 CFR Part 95 Subpart E, this Approval is continuous until the allocation methods shown in the plan become out dated as a result of organizational changes within your department, legislative or regulatory changes, or a new plan is submitted by you. The regulations require that as a condition of receipt of Federal Financial Participation in administration services (excluding assistance and medical vendor payments and purchased services) and training for any quarterly period, the State's claim for expenditures must be in accordance with the Cost Allocation Plan on file and approved by the Director, Division of Cost Allocation, for that period. Amendments to your plan would be required for any changes indicated above. The sole responsibility for submitting proposed revisions rests with the State.

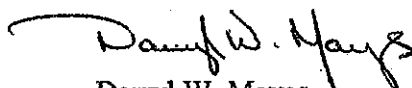
Approval of the Plan Amendment cited above is predicated upon the following conditions (1) that no costs other than those incurred pursuant to the approved State plan are included in claims to Department of Health and Human Services or other Federal Agencies and that such costs are legal obligations, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, and (3) that similar types of costs have been accorded consistent treatment.

This approval presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal Governments. This approval relates to the accounting treatment accorded the costs of your programs only, and nothing contained herein should be construed to approve activities not otherwise authorized by approved program plans, Federal legislation or regulations.

The operation of the Cost Allocation Plan approved by this document may from time to time be reviewed by authorized Federal staff, including the Division of Cost Allocation, operating divisions, DHHS Office of Inspector General for Audit Services, the Department of Agriculture, the Department of Labor, and the General Accounting Office. The disclosure of inequities during such reviews may necessitate changes to the plan.

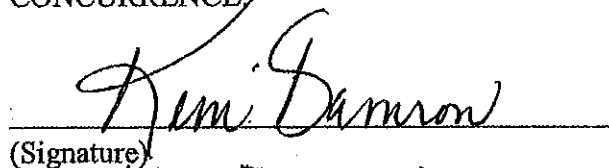
Please sign the original of this letter in the space provided to indicate your concurrence and return it to this office. In doing so, this letter becomes a part of the approved plan. If we may be of further assistance, please contact Christian Poole or me at (202) 401-2763.

Sincerely,



Darryl W. Mayes  
Director, Mid-Atlantic Field Office  
Division of Cost Allocation

CONCURRENCE:



(Signature)

Kim Dammron

(Name)

CEO

(Title)

10.22.07

(Date)

cc: